AMENDMENT OF SOLICIT	ATION/M	ODIFICAT	ION OF	CON	NTRACT	1	. CONTRACT ID CODE	Page 1 of 4	
2. AMENDMENT/MODIFICATION N 0031	and property	CTIVE DATE	150000000000000000000000000000000000000	JISITI	ON/PURCHASE REQ. NO.		ROJECT NO. (If applicable) A-PR5401-20110001-E	le)	
6. ISSUED BY CODE 00095 U.S. Merchant Marine Academy (Procurement) MMA-5206, Division of Procurement Kings Point, NY 11024-1699					7. ADMINISTERED BY (If other than Item 6) CODE 00095 U.S. Merchant Marine Academy (Procurement) MMA-5206, Division of Procurement Kings Point, NY 11024-1699				
8. NAME AND ADDRESS OF CONT	RACTOR	(No., street,	county, S	State a	and Zip Code)	I	9A. AMENDMENT OF S	SOLICITATION NO.	
NORTH SHORE UNIVERSITY H	OSPITAL						9B. DATED (SEE ITEM	1 11)	
300 COMMUNITY DR MANHASSET, NY 11030-3816							10A. MODIFICATION O NO. DTMA5C05082	F CONTRACT/ORDE	
CODE *		FACULT	V OODE			(X)	10B. DATED (SEE IT	EM 13)	
CODE *	1		ONLY A	PPLIE	S TO AMENDMENTS OF S	OLIC	I ITATIONS		
Offers must acknowledge receipt (a) By completing Items 8 and 15 submitted; or (c) By separate lette TO BE RECEIVED AT THE PLACIN REJECTION OF YOUR OFFE letter, provided each telegram or	of this amend and returning or or telegram CE DESIGNA' R. If by virtue	dment prior to the g cop which includes TED FOR THE Is of this amendn	e hour and bies of the a a reference RECEIPT (nent you de	date s amendr e to the OF OFF esire to	pecified in the solicitation or as ment; (b) By acknowledging rec e solicitation and amendment nu FERS PRIOR TO THE HOUR A change an offer already submit	amend eipt of imbers ND DA ted, su	this amendment on each cop s. FAILURE OF YOUR ACK ATE SPECIFIED MAY RESU uch change may be made by	by of the offer NOWLEDGMENT LT telegram or	
12. ACCOUNTING AND APPROPR								-	
- 7011 - 1750MA - 2011 - - 1M	SP 000	005 - 0000 -	- 520300		25626 - 6100 - 6600 - \$575	5,000.	00		
B. THE ABOVE NUMBERE	S ISSUED PO O. IN ITEM 1 D CONTRAC	URSUANT TO: 0A. T/ORDER IS M	(Specify au	ACT/O uthority O REF	ACTS/ORDERS. RDER NO. AS DESCRIBED IN THE CHANGES SET FORTH THE CHANGES SET FORTH	CHAN	EM 14 ARE MADE IN GES (such as		
changes in paying office, ap C. THIS SUPPLEMENTAL FAR 52.232-18 Availabil	AGREEMENT	IS ENTERED I			, PURSUANT TO THE AUTHO	RIIY	DE FAR 43.103(b).		
D. OTHER (Specify type of	modification a	and authority)							
E. IMPORTANT: Contractor X	is not,	is require	ed to sign	this d	locument and return	copie	es to the issuing office.		
14. DESCRIPTION OF AMENDMEN Purpose of this modification is to add		Constitution to the constitution of the consti	ganized b	y UCI	F section headings, including	g solid	citation/contract subject n	natter where feasible.)	
A. Incremental funding in the amour	t of \$575,00	00.00 is hereb	y added t	o CLIN	N 0009.				
B. Total amount of the contract is he	reby chang	ed from \$7,21	0,614.14	to \$7,	785,614.14. A total NET IN	CREA	ASE of \$575,000.00.		
C. All other terms and conditions re	nain uncha	nged.	*** I ACT	ITEM	**********	*****	*********	****	
Except as provided herein, all terms and condition			A 2552 W		neretofore changed, remains unchan	ged and	I in full force and effect.		
15A. NAME AND TITLE OF SIGNER	(Type or pi	rint)		16A	. NAME AND TITLE OF CO Max Diah	NTRA	ACTING OFFICER (Type	or print)	
15B. CONTRACTOR/OFFEROR		15C. DATE	SIGNED	16B. BY	United States of America	Du	L	16C. DATE SIGNED	
(Signature of person authorized	to sign)				(Signature of Contract	ing O			
NSN 7540-01-152-8070 PREVIOUS EDITION UNUSABLE								DARD FORM 30 (REV. 10-8) scribed by GSA FAR (48 CFF 53.24	

Line Item Summary **Document Number**

DTMA5C05082/0031

Title

Academy Health Services

Page 2 of 4

Total Funding:

\$7,785,614.14

FYs

Budget Org Sub

Object Class Sub

Program

Cost Org

Sub

Proj/Job No. Sub

Reporting Category

Division

Line Item

Number

Closed FYs Cancelled Fund

Delivery Date

(Start date to End date)

Quantity

Unit of Issue

Unit Price

Total Cost

Remit To: SAME

DUNS NUMBER: 072364490 For Payment Inquires Contact: BARBARA MARTOS (405) 954-1219 Email: Barbara.CTR.Martos@faa.gov

Description

0009

HEALTH SERVICES

0.00

JOB

\$575,000.00

\$575,000.00

(10/01/2010 to 09/30/2011)

Change in Extended Description, Unit Price

HEALTH SERVICES - INCREMENTAL FUNDING

Previous Total: \$7,210,614.14

Modification Total: \$575,000.00

Grand Total: \$7,785,614.14 (Includes Discounts)

USMMA Procurement Department: MAXMILLIAN S. DIAH (516) 773-5584

MARKVIEW Invoice To: Rick Sager (516) 773-5336

Contract Level Funding Summary

Document Number

DTMA5C05082/0031

Title

Academy Health Services

Page 3 of 4

Funding Strip Code

-7011 - 1750MA - 2011 - - 1MSP - - 000005 - 0000 - - 520300 - - - 25626 - 6100 - 6600 -

Change in Funded Amount

\$575,000.00

Address Detail

Title

Academy Health Services

Document Number DTMA5C05082/0031

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Shipping Addresses

Code	Detail	
0001	Org:	U.S. MERCHANT MARINE ACADEMY
	Addr:	Medical-Patten Health Services
		Kings Point NY 11024-1699
	Attn:	Gale Desano, Administrative Assistant
	Phone	: (516) 773-5336 ext.
	Fax:	() - ext.

Invoice Addresses

Code	Detail	
0001	Org:	U.S. MERCHANT MARINE ACADEMY
	Addr:	Fiscal Section
		Kings Point NY 11024-1699
	Attn:	Jorge Osvaldo, Head of Accounting
	Phone:	() - ext.
	Fax:	() - ext.